

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB 18 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000072179

1. Corporation Name

FLORIDIAN WATER TREATMENT SERVICE & SUPPLIES CORP.

Principal Place of Business

Mailing Address

8260 WEST FLAGLER STREET
SUITE 1-G
MIAMI FL 33144

8260 WEST FLAGLER STREET
SUITE 1-G
MIAMI FL 33144

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
5951 NW 151 Street

3. New Mailing Office Address, If Applicable
5951 NW 151 Street

Suite, Apt. #, etc.
34

Suite, Apt. #, etc.
34

City & State
Miami Lakes, FL

City & State
Miami Lakes, FL

Zip
33014

Country
Dade

Zip
33014

Country
Dade

4. Date Incorporated or Qualified
To Do Business in Florida

07/28/2000

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	TAMARGO, JOSE B	6365 MIAMI LAKE WAY S	MIAMI LAKES FL 33014
VT	Tamargo, Magaly	6365 Miami Lake Way S	Miami Lakes, FL 33014
			500005097165--9 -03/12/02--01052--023 *****908.75 *****908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

JOSE B. TAMARGO
REGISTERED AGENT MUST SIGN

Date 2/4/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Magaly Tamargo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/04/02 305-362-6249
Date Daytime Phone #